Central West **LHIN**

Together, Making Healthy Change Happen

Annual Report 2014 - 2015

June 2015

Ontario
Local Health Integration Network

"Together, Making Healthy Change Happen" takes its title from a shared sense of responsibility. It reflects an acceptance that by working collaboratively, as a group of Health Service Providers (HSPs), community partners and residents we can do so much more to collectively bring about healthy change across the local health care system. The Central West LHIN's work has remained focused and committed on the development of an integrated system of health services which places patients first… building a more accessible and integrated local health care system, responsive to their needs. "

Maria Britto
Board Chair, Central West LHIN

MANDATE

The Central West Local Health Integration Network (LHIN) was established under the Local Health System Integration Act (*LHSIA*, 2006) and given authority to plan, integrate, fund and monitor the local health care system for the purpose of improving the health of residents who live in communities within the LHIN's geographic boundaries.

MISSION

To improve access to and the quality of, health services for residents of the Central West LHIN, through strengthened integration and coordination of health services.

VISION

"To create a health care system that helps people stay healthy, delivers good care when people need it and will be there for our children and grandchildren."

VALUES

Person-centred
Transparency
Integrity
Stewardship

GUIDING PRINCIPLES

The Central West LHIN has adopted the following principles to guide its planning processes:

- Equitable access based on patient/client need
- Preservation of patient/client choice
- People-centered, community-focused care that is responsive to local population health needs
- Measureable, results-driven outcomes based on strategic policy formulation, business planning and information management
- Shared accountability among providers, government, community and citizens.

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TOGETHER, MAKING HEALTHY CHANGE HAPPEN
Message from the Board Chair and CEO

Maria Britto
Board Chair

Scott McLeod
CEO

The Central West Local Health Integration Network (LHIN) is pleased to present Annual Report 2014/15 - *"Together, Making Healthy Change Happen"*, highlighting the progress and achievements made during fiscal year April 1, 2014 through March 31, 2015. This represents the second year of the LHIN's current strategic plan, more commonly known as the Integrated Health Service Plan or IHSP 3.

"Together, Making Healthy Change Happen" takes its title from a shared sense of responsibility. It reflects an acceptance that by working collaboratively - as a group of Health Service Providers (HSPs), community partners, residents and the LHIN organization - we can do so much more to bring about healthy change across the local health care system.

Throughout 2014/15 the Central West LHIN's work remained committed to the development of an integrated system of health services that places patients first... building a more accessible and integrated local health care system that is responsive to community needs, while delivering better value for money.

Primary Care - At 95%, a majority of LHIN residents now report having a regular family doctor. Thanks to the collaborative work of Health Links and a significant group of HSPs and community partners, local LHIN residents are receiving faster care, spending less time waiting for care, and are supported by a team of providers across the health care system.

Telehomecare - A highly successful Telehomecare program has made it possible for residents with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) to self-manage care in their own homes. During its first six months of operation, the program reduced unnecessary visits to the Emergency Department (ED) by 40% and hospital inpatient admissions by 49% for this patient population. To date, the Telehomecare program has received 2,040 new referrals, of which 1,091 clients have been enrolled and 806 discharged.

Diabetes - The active client caseload for Central West LHIN residents attending local diabetes education programs is increasing. Despite having the third highest prevalence rate of diabetes in Ontario, the rates of unnecessary ED visits and readmissions to hospital within 30 days of discharge have decreased. These indications reflect the success of the Central West LHIN's diabetes education and self-management programs.

Mental Health & Addictions - A significant annualized investment of $3.7M helped to improve access to mental health and addictions services including crisis services. Up to 1,150 additional clients will benefit from reduced wait times by expanding long-term case management and early intervention, enhancing family supports and expanding social rehabilitation/recreation, and by making use of known housing stock. This work has helped provide residents with alternatives to repeated use of the ED.

Seniors Services - Over the past year the Central West LHIN invested $1.6M dollars in new base funding to expand adult day service hours, respite programs, caregiver support programs and Tele-check programs in Dufferin County. The LHIN also invested approximately $500,000 to expand exercise and falls prevention classes for seniors and, through a unique model led by the Central West CCAC a total of 149 classes in approximately 50 locations have been put in place across the LHIN. Of note, the LHIN has added an additional 205 assisted living spaces in Shelburne, Orangeville, Brampton, Etobicoke and Woodbridge over the past two years, bringing the total number of funded places to 629.

Capacity Planning - Over the next several years, the Central West LHIN is expected to experience unprecedented growth that is higher than the provincial average. By 2021, the total projected LHIN population is expected to surpass 945,000, of which over 151,000 residents are expected to be seniors over the age of 65. This will place significant pressures on valuable and often scarce system resources. In anticipation of what lies ahead the Central West LHIN commissioned the completion of a Community Capacity Study, identifying service growth opportunities for a growing and aging population. This information will prove valuable in the development of IHSP 4.

Health Links - The LHIN's five Health Links continued to increase the capacity of primary care providers to seamlessly care for complex high needs patients and encourage greater collaboration among local providers in order to improve outcomes.

Palliative & End-of-Life Care - It is an important time for palliative and end-of-life care in the province of Ontario. The Central West LHIN took a leadership role in advancing the palliative and end-of-life conversation in 2014/15. When in place, a joint *Pledge* will act as a commitment to coordinating care in such a way as the whole will be stronger than the sum of its parts.

Community Engagement - In October, over 7,500 local residents dialed in to the fourth Tele Town Hall. Hosted by Regional partners including the Central West CCAC, the Central West LHIN, Headwaters Health Care Centre, William Osler Health System and Region of Peel, this increasingly popular event connects residents with health care leaders from across the LHIN. Participants learned more about health services in their local communities, while identifying what was important to their local health care needs.

Additionally, the Central West LHIN supported and/or hosted a variety of meaningful events throughout 2014/15 including the 4th Annual Chronic Disease Prevention and Management Conference; highly successful Governance and Leadership Forums on the topics of quality and system level aims as well as palliative and end-of-life care; an Addictions Forum focusing on Ontario's Narcotics Strategy; a palliative and end-of-life community event at Rexdale Community Centre – the largest gathering of its kind on the topic of palliative and end-of-life care in the north Etobicoke community; and a South Asian Community Outreach Forum, also focused on the topic of palliative and end-of-life care and hosted by Bethell Hospice, Heart House Hospice and Punjabi Community Health Services.

Over the past year, together with HSPs, community partners and local residents, the Central West LHIN made notable gains in support of the four strategic directions outlined in IHSP 3 - *Improve Access to Care, Streamline Transitions and Navigation of the System, Drive Quality and Value, Build on the Momentum*. Does the LHIN have a lot still to accomplish... absolutely! With system building there will always be room for improvement but, the local health care system is further ahead today than when the Central West LHIN was first established. Is the LHIN up to the challenges that lie ahead... let there be no doubt, the answer is a resounding yes!

Both residents and health care professionals alike place high value on their health care system and the need for it to be responsive to local communities. The Central West LHIN thanks the many HSPs, community partners and local residents who have taken responsibility for participating in meaningful change. Their dedication, commitment and collaborative efforts toward the provision of high-quality, person-centred, local health care are transforming a bold vision into reality.

Together, we are making healthy change happen!

Kindest Regards,

Maria Britto
Board Chair, Central West LHIN

Scott McLeod
Chief Executive Officer, Central West LHIN

CENTRAL WEST LHIN

BOARD of DIRECTORS

Maria Britto *
Chair
June 9/11 – June 8/14
June 9/14 – June 8/17

Hon. John McDermid *
Vice Chair
June 9/11 – June 8/14
June 9/14 – June 8/17

Gerry Merkley *
Director
June 17/10 – June 16/13
June 17/13 – June 16/16

Lorraine Gandolfo *
Director
Oct. 27/10 – Oct. 26/13
Oct. 27/13 – Oct. 26/16

Pardeep Singh Nagra *
Director
June 9/11 – June 8/14
June 9/14 – June 8/17

Suzan Hall *
Director
May 17/11 – May 16/14
May 17/14 – May 16/17

Ken Topping *
Director
Oct. 6/10 – Oct. 5/13
Oct. 6/13 – Oct. 5/16

Winston Isaac *
Director
Jan. 13/10 – Jan. 12/12
Jan. 13/12 – Jan. 12/15

** Denotes Reappointment*

OVERVIEW

Annual Report 2014/15 showcases the progress and achievements made for the fiscal year beginning April 1, 2014 and ending March 31, 2015. It outlines how together, with local Health Service Providers (HSPs) and the broader health care sector, the Central West LHIN has made notable gains in relation to the strategic directions identified in IHSP 3, and specific actions identified in Annual Business Plan 2014/15.

Highlights include:

- **Section 1, Context -** Overview of the Central West LHIN's strategic directions, alignment with Ministry of Health and Long-Term Care (MOHLTC) and pan-LHIN priorities, and outlines the population and health profiles of local residents.
- **Section 2, Healthy Change -** Specific achievements and progress made in support of ABP 2014/15 and IHSP 3.
- **Section 3, Central West LHIN Performance Indicators -** Review of 2014/15 system performance and financial accountabilities that were established between the MOHLTC and Central West LHIN.
- **Section 4, Engaging Central West LHIN Communities -** Summary of communications and community engagement activities during the 2014/15 fiscal year.
- **Conclusion: "The Road Ahead" -** Looking forward to the road ahead.
- **Financial Statements -** Comprehensive outline of the Central West LHIN's audited financial statements including an independent auditor's report, statements of financial position, activities, changes in net debt and cash flows.

In partnership with the MOHLTC, HSPs and local residents the Central West LHIN is working to ensure a sustainable health care system that delivers high-quality, person-centered, health care for current and future generations.

Section 1 | CONTEXT

1.1 Strategic Directions and Alignment

Aligned with Ontario's first Action Plan for Health Care, IHSP 3 is built around four strategic directions and their associated initiatives. It outlines the Central West LHIN's priorities with respect to placing patients first; building a more accessible and integrated local health care system responsive to their needs, while simultaneously delivering better value for money.

Improve Access to Care

- Primary Health / Family Health Care
- Chronic Disease Prevention & Management (CDPM) programs
- Mental health and addictions services
- Community-based services for seniors.

Streamline Transitions & Navigation

- Improve linkages with and among Primary Health / Family Health care and other providers in the health system
- Improve system navigation resources
- Increase system collaboration through use of information technologies.

Build on the Momentum

- Aboriginal Health
- Diversity and Health Equity
- French language Services
- Palliative Care
- Women and Children's Health.

Drive Quality & Value

- Ensure an overarching LHIN quality framework
- Optimize use of health care resources to foster better care.

1.2 By the Numbers

The Central West LHIN is very much a mosaic of geographic and cultural diversity. As a result, there are a host of unique factors that affect the LHIN's ability to achieve its mandate.

Population Profile

In 1995 the population of the Central West LHIN was shy of 600,000. Now home to over 840,000 (7% of Ontario's total population) and with one of the highest growth rates in the province, the LHIN's population is projected to climb by an additional 23% to over one million by 2021. Over 12,000 new residents move into the Central West LHIN each year. Geographically, 86% of LHIN residents reside in urban areas, while the remaining 14% live in a mixture of urban/rural (8%) and rural communities (6%).

Not only is the Central West LHIN's population growing, it is aging. While the LHIN currently has the lowest proportion of senior residents in the province, it is expected that by 2021 there will be upwards of twice the number of seniors as there are today. Of note, those between the ages of 65 and 74 are expected to grow by 64%.

The Central West LHIN is one of the most diverse communities in the province. Over half of local residents belong to visible minority groups, 47% are immigrants and 13% percent are new to Canada within five years. Over half of LHIN residents, 58%, report English as their mother tongue, while 4% percent report no knowledge of either official language - the second highest rate in the province. The LHIN is home to over 16,000 Francophones and 5,600 residents who self-report as indigenous people.

Health Profile

36% of adults residing within the Central West LHIN have one chronic condition, while 14% percent have multiple chronic conditions. 36% of local residents are obese, 60% are physically inactive and, at 12% of the total population, the LHIN also has the third highest prevalence rate of diabetes in Ontario. Since 2010, the prevalence of diabetes has risen by 20%. Both incidence and prevalence rates for diabetes in the Central West LHIN are substantially higher than provincial rates.

Over the past several years, the Central West LHIN has also experienced an increase in the number of Emergency Department (ED) visits, acute hospitalizations and re-visits for mental health and addictions issues. This is particularly true for youth aged 12-24 years. The rate of visits to a Health Service Provider (HSP) for mental health and addictions is substantially higher than the provincial rates (22% vs 14%). Median wait times for community support services, case management, counselling/treatment, early intervention programs and supportive housing continue to exceed those in neighboring LHINs.

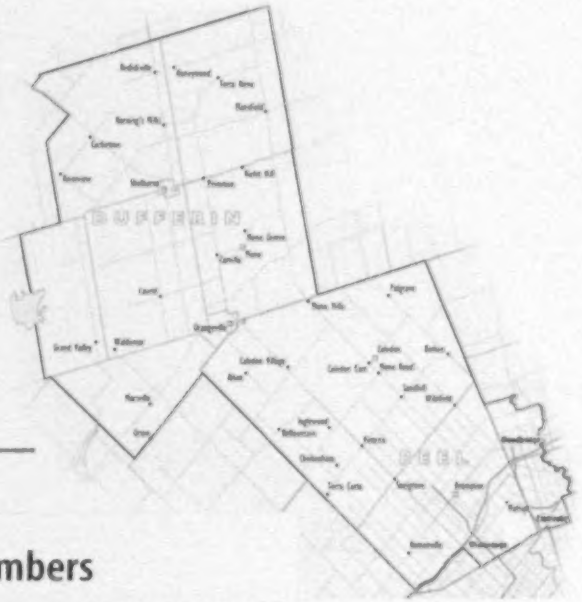
A growing segment of the LHIN population, seniors make up approximately half of the Central West LHIN's complex population... those who require repeated admissions to hospital and/or long length of stays in acute, post-acute and community-based care. These residents access the system frequently and at multiple entry points, often defaulting to the ED which can result in uncoordinated care.

Rates among specific disease groups are improving. Chronic Obstructive Pulmonary Disease (COPD), heart disease and stroke are among the lowest in the province. Mortality rates for arthritis, cancer, COPD, hypertension and Ischemic Heart Disease are also among the lowest in Ontario. With the exception of arthritis, all chronic conditions are decreasing and the percentage of residents over 75 years of age with heart disease is lower than the Ontario average.

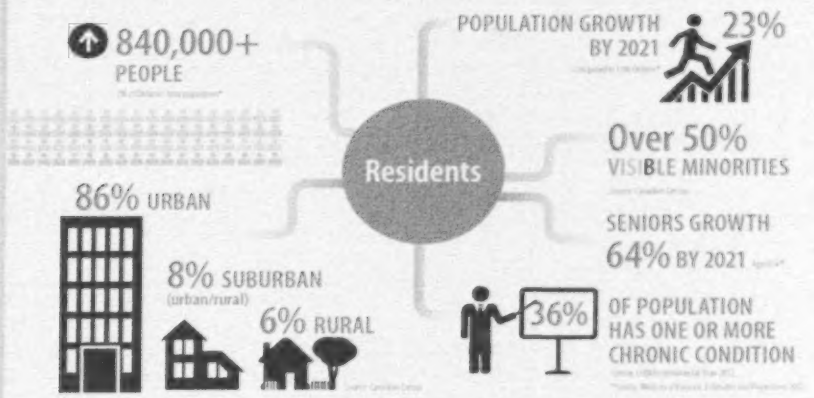
Health Service Providers

Through a base budget of $863M, provided by the Ontario Ministry of Health and Long Term Care (MOHLTC), the Central West LHIN funds HSPs in the regions of Brampton, Caledon, Dufferin, Malton, north Etobicoke and west Woodbridge.

Home to over 840,000 residents, the Central West LHIN is very much a mosaic of geographic and cultural diversity. Spanning rural farmlands to the North and urban cities to the South, over half of local residents are either immigrants or new to Canada within the last five years.



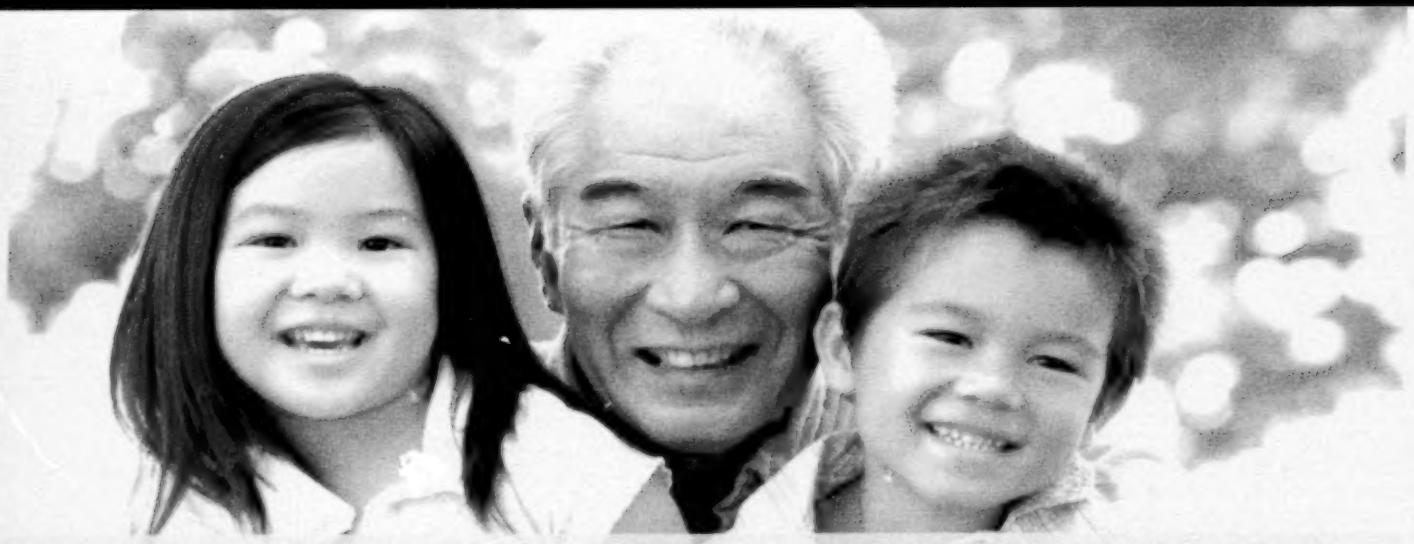
Central West LHIN... By the Numbers



Health Service Providers

23	14	8	2	2	1
LONG-TERM CARE HOMES (LTC)	COMMUNITY SUPPORT SERVICES (CSS)	MENTAL HEALTH & ADDICTIONS AGENCIES	HOSPITAL CORPORATIONS ACROSS 3 SITES	COMMUNITY HEALTH CENTERS (CHC) ACROSS 5 LOCATIONS	COMMUNITY CARE ACCESS CENTRE (CCAC)
Over 750,000 Resident Days/Year	Over 40,000 clients/year		Over 70,000 admissions and 233,500 Emergency Department visits/year	Over 25,000 primary care visits/year	Serving 32,500 clients/year

Plus 50+ primary care physicians, including 6 Family Health Teams, funded by the Ministry of Health and Long-Term Care



Section 2 | HEALTHY CHANGE

"Healthy Change", Section 2, reflects upon local initiatives, specific work and accomplishments related to the four strategic directions identified in the Central West LHIN's third Integrated Health Service Plan - IHSP 3: *Improve Access to Care, Streamline Transitions and Navigation of the System, Drive Quality and Value and Build on the Momentum*. These activities outline how, in collaboration with Health Service Providers (HSPs) and community partners, the Central West LHIN has enabled the provision of Better Health, Better Care and Better Value for local residents in 2014/15.

2.1 Improve Access to Care

2.1.1 Improve Access to Primary/Family Health Care

IHSP 3 Initiative Description | In 2014/15 the Central West LHIN continued to work with Family Health Teams (FHTs), Community Health Centres (CHCs) and other primary care practitioners practicing in other models of organized care to ensure residents have access to the right care, in the right place and at the right time. Notably, the LHIN worked with providers to develop systems and processes that reduce unnecessary visits to Emergency Departments (EDs) and avoid readmission to hospital.

Current Status | Local residents are served by six FHTs, two CHCs, 33 Family Health Groups (FHGs), 13 Family Health Organizations (FHOs) and over 180 individual fee-for-service practitioners. With over 550 family physicians providing care in the Central West LHIN (OPHDRC, 2013), a majority of residents (95%) now report having a regular family doctor (*Health Care Experience Survey, June 2014). According to these results, residents do not appear to be turning to EDs for care that is being managed in their local communities or from the comforts of their own homes. Despite Brampton Civic Hospital having the busiest ED in the province, the three Central West LHIN EDs (Brampton Civic, Etobicoke General and Headwaters Health Care Centre) have lower proportions of low acuity visits when compared to provincial rates. They also have the lowest rate of ED visits among the 14 LHINs for conditions such as conjunctivitis, cystitis, otitis media and upper respiratory infections, all of which can be treated in primary care settings.

One of the first of Ontario's 14 LHINs to fully implement five Health Links (Bolton-Caledon, Bramalea and Area, Brampton and Area, Dufferin Area and North Etobicoke-Malton-West Woodbridge) across its entire geographic area, the Central West LHIN continued to play a key role in the collaborative design and implementation of Health Links in 2014/15. Each local Health Link continued to adopt a common business plan and create a standard model of care to ensure a consistent experience for both patients and providers. Ongoing identification of the Health Links patient population was based on the adoption of a common definition of complex high needs patients, those with four or more co-morbidities. As of November 2014, the number of complex high needs patients in the Central West LHIN was projected to be approximately 42,000 or five percent of the Central West LHIN population. Throughout 2014/15, Health Links Care Coordinators continued to develop tailored, individualized care plans for each complex high needs patient.

As the LHIN population is expected to grow and age rapidly over the next several years Health Links will continue to play an increasingly important role, addressing the capacity of primary care providers to care seamlessly for complex high needs patients and encouraging greater collaboration between local providers in order to improve outcomes.

In 2014/15 the Central West LHIN continued to support work of the Central West Primary Care Network. Led by the Primary Care Lead, Dr. Frank Martino, this collective supports and develops diverse partnerships and strategies to engage local primary care practitioners, particularly in relation to initiatives such as Health Links.

Ontario's Action Plan for Health Care – *Patients First* identifies timely access to primary care and improved transitions among providers as key components to ensuring Ontarians receive the right care, at the right time and in the right place. Through the collaborative work of Health Links, FHTs, CHCs, the Central West Community Care Access Centre (CCAC) and the Central West Primary Care Network, patients will receive faster care, spend less time waiting for service and will be supported by a team of providers across the health care system.

Coordinated Care Helps Improve Outcomes

An 82-year-old married man, who speaks no English, frequently visited his nearby hospital emergency department to obtain free acetaminophen. To improve his care, a care coordinator from the local Community Care Access Centre, which is connected with the local Health Link, visited him at home with a translator.

The care coordinator discovered that the man had been visiting the emergency department to relieve pain from an untreated hernia, and did not know how to arrange for surgery through the specialist he had been referred to. The Health Link, working with the patient's primary care provider, developed a personalized, coordinated care plan for him, and arranged for the surgery and for someone to accompany him.

Following his surgery, the care coordinator continued to work closely with the man and his family doctor to ensure he continued to receive appropriate, coordinated primary and community care in line with the care plan.

Excerpt – Ontario Provincial Budget Speech, April 2015
Submitted by Sandra Hastings, Care Coordinator, Central West CCAC

2.1.2 Improve Access to Chronic Disease Prevention and Management Programs

IHSP 3 Initiative Description | In order to improve the treatment and management of chronic diseases in the community, the Central West LHIN worked with community partners throughout 2014/15 to increase capacity for the self-management of chronic conditions. This includes efforts made to improve the coordination of regional diabetes services and expansion of education and self-management programs for chronic conditions including Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD).

Current Status | The active client caseload for Central West LHIN residents attending local diabetes education programs is increasing. Despite having the third highest prevalence rate of diabetes in Ontario, the rate of ED visits for hyperglycemia and hypoglycemia in the LHIN has decreased year-over-year, from 220 to 164 visits per 100,000 populations - well below the established target rate of ≤198 per 100,000 populations. Meanwhile, the number of readmissions to hospital within 30 days of discharge for conditions related to diabetes was at or below the evidence-based expected rate in all four quarters. These indicators reflect the collective success of the Central West LHIN's diabetes education and self-management programs.

Over the past year, eligible residents with CHF and COPD were able to better self-manage their care with the support of technology placed in their home through the regional Telehomecare program. Patients are referred to the program from a number of regional partners and, through the assistance of technology, are monitored by Telehomecare Nurses working from the host organization William Osler Health System. Following an initial six month program period, evaluations of the first Telehomecare cohort of patients revealed a 40% reduction in ED visits and 49% reduction in inpatient admissions. These results demonstrate the ability of patients to better self-manage their conditions within their communities, avoiding and preventing unnecessary use of acute/ambulatory services.

4th Annual Chronic Disease Prevention and Management (CDPM) Conference

Information sharing and knowledge exchange are an integral part of the Central West LHIN's mandate. Hosted by William Osler Health System, Wise Elephant Family Health Team and the Central West LHIN, over 180 participants gathered for the 4th Annual Chronic Disease Prevention and Management Conference in 2014/15.

Focused on patient-experience-based design and Health Links, the conference reaffirmed the LHIN's ongoing commitment to identify complex high needs patients and to ensure they have a patient-centred, integrated, coordinated care plan. In addition, the LHIN will continue to work with community partners to increase capacity for the self-management of chronic conditions in order to improve the treatment and management of chronic diseases in the community.

The Central West LHIN is committed to building on the foundations of the Ontario CDPM Framework, incorporating the work of local diabetes programs, and expanding roles that promote self-management while delaying and/or preventing the onset of complications of chronic diseases.

2.1.3 Improve Access to Mental Health & Addictions Services

IHSP 3 Initiative Description | Aligning with years four through ten of Ontario's Comprehensive Mental Health and Addictions Strategy, the Central West LHIN worked with community partners in 2014/15 to increase capacity for community-based programs and improve access to Mental Health & Addictions services for adults. These efforts built on the momentum and success of the first three years of the *Strategy* which placed a focus on children and youth.

Current Status | The Central West LHIN funds eight HSPs that deliver over 20,000 mental health and addictions interactions to local LHIN residents each year. Services range in function, intensity and duration, and include case management, crisis response, counselling and treatment, early intervention, support within housing, residential withdrawal management, diversion and court support, social rehabilitation, recreation, health promotion and employment support.

Providers are being guided by a local vision that will drive Mental Health & Addictions Services across the Central West LHIN... to provide:

> *"High quality and seamless services which are easily accessed, efficient, available in a timely way, and meet the changing needs of people over their lifetime".*

This vision emerged from a time-intensive, short-term collaborative project between the LHIN and HSPs, to identify program priorities and investments. With a focus on access to care, two key priorities emerged during 2014/15 including helping clients' access and change care as needed, and improving the quality and use of crisis services.

$3.7 MILLION

Improved access to Mental Health & Addictions Services

- Reduce or eliminate the existing combined wait list by expanding long-term case management and early intervention.
- Enhance Family Support and expand Social Rehabilitation/Recreation as a systemic way to support client access and movement between services as needed.
- Make efficient use of known housing stock to provide support within housing to additional individuals through a partnership of two providers: the first securing housing and supporting tenancy and the second, providing support services.

pchs Serving Diverse Communities

Canadian Mental Health Association / Association canadienne pour la santé mentale

Friends & Advocates Peel

Peace Ranch

William Osler Health System

family transition place

SHIP

Improving the quality and use of crisis services is a key strategy to provide residents with an alternative to repeated use of the Emergency Department (ED) and to better identify when it is necessary to visit the ED. Activities in 2014/15 built on a new program called Short-Term Emergency Department Diversion (In-STED), where patients are provided with immediate short-term case management often while still at the ED. Improvements, outlined in the graphic below, have been tested, continue to be tested and/or were introduced into practice.

Improving mental health services throughout the lifespan is one step toward ensuring Central West LHIN residents receive better access, better quality and better value from their local healthcare system. The initiatives and outcomes the LHIN is pursuing are aligned with Ontario's Action Plan for Health Care – *Patients First*, Ontario's Comprehensive Mental Health and Addictions Strategy for adults, and Moving on Mental Health: *A system that makes sense for children and youth*. Through early identification and intervention and enhanced community-based services, the LHIN is working to ensure that residents with mental health and addictions receive timely access to the most appropriate services as close to home as possible.

In-STED | Effective ED utilization through improved access to crisis services

Redevelopment of **mobile crisis services**.

Widening of acceptable referral sources for **short-term residential crisis support** & less restrictive criteria for those who can access the service.

Adoption of **person-centered, family-involved crisis planning**, increasing the likelihood that the crisis plan will be followed.

Co-ordinated care by accessing relevant **clinical records** (with client consent) at William Osler Health System and the Central West CCAC.

Testing of Standardization of **discharge plans**: 88% of patients seen by the crisis intervention team at William Osler's Etobicoke General Hospital site did not have a repeat visit to the ED.

Crisis services will be integrated with the **centralized access model** currently under development.

2.1.4 Improve Access to Community-Based Services for Seniors

IHSP 3 Initiative Description | In 2014/15 the Central West LHIN continued to work with funded community service providers to develop strategies that support seniors in the community, increasing their quality of life. This work is aligned with the province's Seniors Care Strategy and aims to reduce avoidable ED visits, hospital admissions and Alternative Level of Care (ALC) designations.

Current Status | The Central West LHIN funds community-based agencies that deliver services to support the independent living of seniors within the community. Services include delivery, social/safety visiting, congregate dining, adult day programs, transportation, exercise/falls prevention, chronic disease management, caregiver support, independence training, psychogeriatrics, assisted living, respite and palliative care. The LHIN also provides funding to the Central West Community Care Access Centre (CCAC) to deliver nursing care, rehabilitation and personal support services, rapid response nursing, palliative care, community clinics and supportive living. The Central West CCAC also coordinates admission to 23 Long-Term Care (LTC) homes across the LHIN.

Do you know, in 2013/14...

Seniors comprised **11%** of the total LHIN population... **13%** projected compliment by 2017 & **15%** by 2022.

Those **65 to 74** years of age were and still are the fastest growing segment of the LHIN population... **19%** growth by 2017.

Seniors made up **50%** of complex high needs patients in the LHIN.

Seniors accounted for **18, 506** hospital admissions | **83%** of Alternate Level of Care (ALC) cases... **85%** of ALC days

Seniors of the Central West LHIN made **46,035** visits to the ED ... **78%** of these visits were to Central West LHIN hospitals.

17% of all ED visits made by residents of the Central West LHIN were seniors.

In 2014/15, the Central West LHIN invested $1.6 million in new base funding to expand adult day service hours, respite programs, caregiver support programs, and in Tele-check programs for Dufferin County.

Meanwhile, the LHIN continued to invest in broader access to Physiotherapy Services through clinic service expansion, in-home physiotherapy access through CCACs, and services within LTC homes. With a goal of implementing a total of 149 classes in approximately 50 locations across the LHIN, the Central West LHIN invested approximately $500,000 to expand exercise and falls prevention classes. Notably, through a unique model, the LHIN and Central West CCAC developed a partnership with the City of Brampton to increase accessibility of these programs for seniors by implementing a number of classes across community facilities in Brampton.

At the Peel Manor Adult Day Program, which was originally funded in 2013/14, community funding was used to extend the hours of operation to accommodate an additional 10 seniors per day. There are now nine Adult Day Programs in the Central West LHIN, with a capacity to serve 248 seniors.

Exercise and Falls
Turning 100

In 2014/15, the Central West Community CCAC celebrated an important milestone with the implementation of its 100th exercise and falls prevention class for seniors in the Central West LHIN. The exercise and falls prevention program is now 116 classes strong and offers innovative programming to hundreds of seniors across LHIN communities.

The model is unique, in that it allows seniors to receive seamless care, regardless of their physiotherapy needs. While in-home physiotherapy benefits frailer seniors and those returning home from the hospital, community classes combine physical activity with falls prevention education and a social environment. As participants experience changes in their health – for example, due to increased strength, an injury or a hospital stay – they can transition seamlessly to the option that best meets their evolving needs.

Lost and Found
Kipling Acres Adult Day Program

"Mary", a proud and independent senior once able to cook and clean for herself and, from time-to-time, look after her young grandchildren, was diagnosed with Alzheimer's/Vascular Dementia. Her cognitive impairment was sudden and rapid, leaving her daughter with a great sense of loss for the mother she once knew.

Mary began to attend the Kipling Acres Adult Day Program and soon started to come home with stories of days filled with people she had met and activities that she enjoyed including dancing, singing and spending time with the children who attend the day care facility.

"I have watched my Mother over the months since she has been in the Program," said Cathy, Mary's daughter. "The program at Kipling Acres has helped me to see a whole new side of my Mother and, while she will never be the same person she once was, she is still a remarkable woman. The Program has given me back my Mother, helping me to see all that I have in her rather than what I had lost."

Over the past two years the Central West LHIN has added 205 assisted living spaces in Shelburne, Orangeville, Brampton, Etobicoke and Woodbridge bringing the total number of funded places to 629. The Central West CCAC manages the access to all assisted living beds and chairs a multi-agency committee to monitor and continuously improve the use of the assisted living inventory.

The Central West LHIN invested $1.4M to help seniors with complex medical conditions that have experienced a recent loss of strength or mobility. In 2014/15 the LHIN made multi-year Assess and Restore money available to reinstate the Central West CCAC's *Home Independence Program* (HIP) which provides targeted rehabilitation services to frail elderly in their homes.

Additionally, in 2014 an evaluation was conducted on the Central West Behaviour Supports Ontario (BSO) program. This evaluation showed that the 23 behavior support champions embedded in each of the Long-Term Care (LTC) homes, along with the 7 psychogeriatric resource consultants, was able to reduce the number of responsive behaviours of identified clients by 47%. Since its inception, the Behaviour Supports Ontario (BSO) program has interacted with over 8,000 Long-Term Care home residents, helping staff to develop individual care plans, avoid unnecessary visits to hospital EDs and hospital admissions. In addition, the rates of Long-Term Care home assessments that trigger worsening behavioural symptoms has declined, with a noted substantial decline in the reported use of physical restraints. By the end of 2013/14 the BSO program had trained over 7,300 front line staff in the recognition and care of people exhibiting responsive behaviours.

Spotlight on Capacity Planning

Over the next several years, the Central West LHIN is expected to experience unprecedented growth that is higher than that of the provincial average. By 2021, the total LHIN population is expected to surpass 945, 000 of which over 151,000 are expected to be seniors over the age of 65. This will place significant pressures on valuable and often scarce system resources.

With this rapidly growing and aging population, the LHIN continues to focus on those who are most in need of health care services, and has steadily prepared for this extraordinary growth and increased demand through innovative thinking and current and future planning.

In 2014/15, guided by recommendations in Dr. Samir Sinha's *"Living Longer, Living Well"* report, the Central West LHIN undertook a comprehensive, long term *Community Capacity Study* of services for seniors, to identify current service gaps and potential future challenges within in the system. This work, which will contribute to the development of IHSP 4 in 2015/16, represents a truly collaborative effort between the Central West and Mississauga-Halton LHINs, multiple Health Service Providers and community partners that came together to address an important topic of mutual interest.

The *Community Capacity Study* places patients, indeed residents, first by seeking to develop a community health services plan that meets the needs of a growing and aging population in both LHINs... a plan that helps people to stay healthy; delivers high-quality, patient-centred care, where and when needed; and that will be there for future generations their children and grandchildren.

The Central West LHIN's initiative to improve access to and funding for community-based services for seniors is aligned with Ontario's Action Plan for Health Care – *Patients First*, which encourages the development of local seniors strategies which focus on supporting seniors to stay healthy and stay at home longer. The Central West LHIN's Seniors Strategy will incorporate the five principles of Access, Equity, Choice, Value and Quality outlined in Dr. Sinha's *"Living Longer, Living Well"* report. Development of a comprehensive system of seniors care will also incorporate the Ministry of Health and Long-term Care's (MOHLTC) recently released Assess and Restore Guideline and the work of the provincial Rehabilitative Care Alliance.

2.2 Streamline Transitions and Navigation of the System

2.2.1 Improve Linkages With and Among Primary Health/Family Health Care and other Providers in the Health Care System

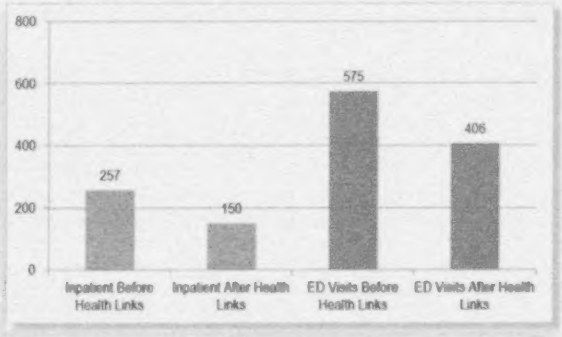
IHSP 3 Initiative Description | Through Health Links, the Central West LHIN is commited to supporting increased coordination of care in primary care settings, so as to ensure the provision of collaborative and coordinated community-based care. The LHIN is focused on populations with high and complex needs, who access care from multiple providers or are disadvantaged, marginalized and struggle to get the care they need, when and where they need it.

Current Status | One of the first of Ontario's 14 LHINs to fully implement five Health Links (Bolton-Caledon, Bramalea and Area, Brampton and Area, Dufferin Area and North Etobicoke-Malton-West Woodbridge) across its entire geographic area, the Central West LHIN continued to play a key role in the collaborative design and implementation of Health Links in 2014/15. Health Links will increase the capacity of primary care providers to care seamlessly for these complex, high-needs patients and encourage greater collaboration between local providers in order to improve outcomes.

Each local Health Link continued to adopt a common business plan and create a standard model of care to ensure a consistent experience for both patients and providers. Ongoing identification of the Health Links patient population was based on the adoption of a common definition of complex, high-needs patients, those with four or more co-morbidities. As of November 2014, the number of complex high needs

Strong Indications for Health Links

Health Links are teams of local health providers who offer patients with complex conditions better coordinated care through the development of care plans that meet the specific needs of the patient to improve transitions among health care providers.



The following graph represents early indications form Headwaters Health Care Centre inpatient and ED utilization by Dufferin and Area Health Link patients, between the period April 2014 and February 2015. The data represents the early experience of 151 patients from Dufferin and Area Health Link with individualized coordinated care plans.

A "before and after" analysis indicates that total patient discharges were **reduced by 42%** and ED visits **reduced by 29%** for this group of patients.

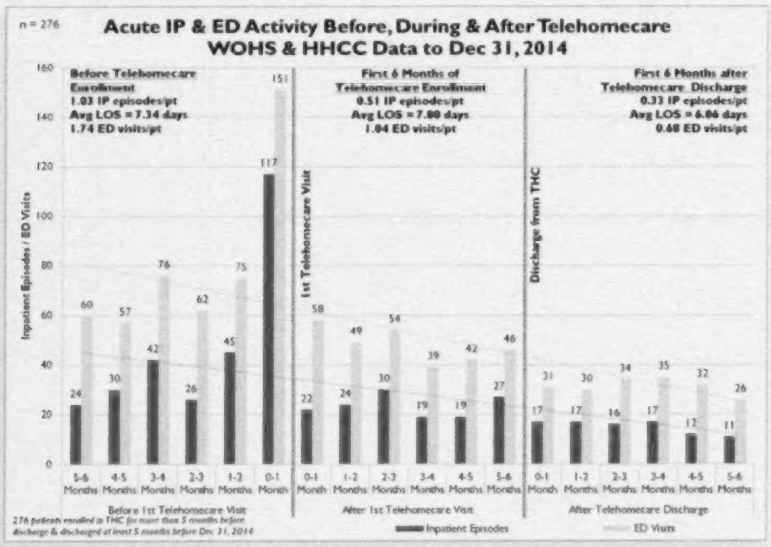
patients in the Central West LHIN was projected to be approximately 42,000 or five percent of the Central West LHIN population. Managed through the Central West CCAC, Care Coordinators continued to focus on the development and implementation of individualized, coordinated care plans for Central West LHIN residents with the highest, most complex needs.

Over the past year, eligible residents with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) were better able to self-manage their care with the support of technology placed in their home through the regional Telehomecare program. Patients are referred to the program from a number of regional partners and, through the assistance of technology, are monitored by Telehomecare Nurses working from the host organization William Osler Health System.

Two goals of Ontario's Action Plan for Health Care – *Patients First* are to have a family health care provider for every Ontarian who wants one, and to provide more patients with faster, more convenient access to care. Health Links will encourage greater collaboration among existing local health care providers. With improved coordination and information sharing, identified residents will receive faster care, will spend less time waiting for services and will be supported by a team of health care providers at all levels of the health care system.

2.2.2 Improve System Navigation Resources

IHSP 3 Initiative Description | The Central West LHIN continued to work with HSPs and community partners to understand and address barriers to system access, and develop integrated care pathways and care plans to help understand where and when to access needed health care after discharge from hospital. In so doing, the LHIN sought to partner with community and government agencies to strengthen system navigation and support the establishment and use of services, such as Health Links and Telehomecare.


n = 276
Acute IP & ED Activity Before, During & After Telehomecare
WOHS & HHCC Data to Dec 31, 2014
Before Telehomecare Enrollment
1.03 IP episodes/pt
Avg LOS = 7.34 days
1.74 ED visits/pt
First 6 Months of Telehomecare Enrollment
0.51 IP episodes/pt
Avg LOS = 7.00 days
1.04 ED visits/pt
First 6 Months after Telehomecare Discharge
0.33 IP episodes/pt
Avg LOS = 6.06 days
0.68 ED visits/pt
Inpatient Episodes / ED Visits
1st Telehomecare Visit
Discharge from THC
5-6 Months
4-5 Months
3-4 Months
2-3 Months
1-2 Months
0-1 Month
Before 1st Telehomecare Visit
After 1st Telehomecare Visit
After Telehomecare Discharge
276 patients enrolled in THC for more than 5 months before discharge & discharged at least 5 months before Dec 31, 2014
Inpatient Episodes
ED Visits

Telehomecare in the Central West LHIN

The Telehomecare program enables patients with chronic heart failure (CHF) and/or chronic obstructive pulmonary disease (COPD), who have visited the hospital multiple times, to self-manage their chronic conditions from the comfort of their own homes or local communities.

To date, the Telehomecare program has received 2,040 new referrals, 1091 clients have been enrolled and 806 clients have been discharged. The above graph, representing data for both Headwaters Health Care Centre and William Osler Health System, shows the notable decrease in both inpatient episodes and emergency department visits during and after implementation of Telehomecare. For this patient group, the program continues to reduce **ED visits by 40%** and reduced hospital **inpatient admissions by 49%**.

Current Status | Although length of stay for patients discharged home from the ED have decreased and stabilized, ongoing innovation and commitment from all systems partners is required to both maintain the positive gains, and support further improvement building on this successful foundation. At the same time, there have been increasing difficulties in reducing wait times for patients admitted to an inpatient bed. There has therefore been a need to direct attention on inpatients, throughput and inpatient admission avoidance through continued focus on the system-level view of patient flow, both within the hospital and at the points of transition between health service providers.Since its inception in 2013, the work of the Central West LHIN Patient Flow Core Action Group has been focused on formulating recommendations to address these issues.

The Central West LHIN is committed to ensuring residents receive improved access to care in the most appropriate settings. LHIN priorities are reflected in the Central West CCAC's expanded role of waitlist management, the ongoing support for Home First, and the implementation of Health Links. Of note, the Central West CCAC assumed management of eight Adult Day Programs and six Assisted Living programs operating in 18 locations across the Central West LHIN.

2.2.3 Increase System Collaboration through the use of Information Technologies

IHSP 3 Initiative Description | In 2014/15 the Central West LHIN continued to lead and participate in provincial, regional and local initiatives that support the development of an Electronic Health Record (EHR) for all Ontarians. The EHR is designed to contain and share information from providers involved in a patient's care. Integral to successful integration of an EHR is establishing Electronic Medical Records (EMRs) within the offices of Primary Care Physicians and Specialists across the LHIN. Development of a more comprehensive EHR will occur through the implementation of additional enabling technologies for integration initiatives including the Integrated Assessment Record (IAR), Hospital Report Manager (HRM) and ConnectingGTA (cGTA).

Current Status | In 2014/15, the Central West LHIN continued to make significant strides in planning and implementing enabling technology solutions. Implementation of the Community Care Information Management's (CCIM) common assessment tools, screener tools and IAR were completed for all applicable HSPs. Use of these tools allows personal health information to be transferred securely among service providers, taking the onus off the patient and reducing the workload of agencies. Increasing adoption of the IAR along with the ongoing creation and refinement of LHIN level IAR reports, allows the LHIN to better understand select client populations while monitoring strengths and gaps in system services.

Central West LHIN Health Service Providers (HSPs) are now 100% complete for implementation of the *Integrated Assessment Record (IAR)*. Providers include the Central West CCAC, 11 Community Support Service Providers, 7 Mental Health Service Providers and 23 Long-Term Care homes. The IAR allows client assessments to move with the client from one Health Service Provider to another, allowing participating Health Service Providers to upload and view the information from consenting clients. This enables Health Service Providers to collaborate in order to effectively plan and deliver care. The tool also streamlines patient information so there is less duplication and faster access to services.

William Osler Health System has also implemented *Hospital Report Manager (HRM)* and is sharing its reports electronically with primary care physicians and specialists. Meanwhile, Headwaters Health Care Centre continues to expand electronic distribution of its hospital reports to primary care physicians and specialists through HRM.

ConnectingGTA (cGTA) - Central Ontario's Electronic Health Record (EHR), went live in 2014/15. The long-awaited Limited Production Release (LPR) of cGTA is here and was kicked off in July by the LPR Pilot sites, St. Michael's Hospital and William Osler Health System. A select group of clinicians from these pilot facilities will provide invaluable feedback as they explore and benefit from what cGTA has to offer them. Providing a central hub for patient health information such as discharge summaries, community referrals and lab results, cGTA provides data to support the delivery of timely care. This milestone is critical to enhancing patient care for 6.75 million patients in the region and establishes the foundation that can be built upon to deliver an EHR for Ontario.

Under the direction of the provincial Alternate Level of Care Resource Matching & Referral Business Transformation Initiative (RM&RBTI), William Osler Health System, Headwaters Health Care Centre, the Central West CCAC and all LTC Homes all implemented Provincial Referral Standards (PRSs) for hospital (acute inpatient) to Central West CCAC referrals, hospital (acute inpatient) to rehab referrals, hospital (acute inpatient) to complex continuing care referrals and hospital (acute inpatient) to LTC Home referrals.

Adoption of physician EMR systems continued through 2014/15. The Central West LHIN continues to have the highest Physician Electronic Medical Record (EMR) adoption rate in the province for Family Practice Physicians at 91% (vs. 78%) and the highest rate of adoption in the province for specialists at 63% (vs. 30%). This is an extremely valuable accomplishment that enables greater sharing of information electronically across Health Service Providers.

The *Ontario Lab Information System* (OLIS) has collected more than 80% of the provinces lab test results through connections with hospitals, community labs and public health labs. Headwaters Health Care Centre and William Osler Health System continue to populate OLIS with test results from their labs. Approximately 350 clinicians in the Central West LHIN can now view OLIS data for their patients through their EMR systems. Additionally, approximately 80 clinicians are completing the activities required to view their patient lab data in OLIS and will be connected throughout the year.

Electronic Medical Record (EMR) & the Ontario Lab Information System (OLIS)

EMR adoption rates in the Central West LHIN are substanstially higher than provincial averages:

Family Practice Physicians **91%** vs. 78%

Specialists **63%** vs. 30%

Implementation of a physician Electronic Medical Record (EMR) enables physicians to gain access to the Ontario Lab Information System (OLIS), reducing the number of repeat lab tests for the patient, and allows physicians to participate in the receipt of patient reports electronically from participating hospitals. OLIS is a cornerstone information system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results. Patient Benefits include:

Fewer information gaps as patients navigate the system.

Reduction in unnecessary laboratory tests due to greater availability and sharing of information.

Timely and broader access to laboratory test results by practitioners.

Effective integration and monitoring of laboratory history and treatment progress to support chronic disease management.

2.3 Drive Quality and Value

2.3.1 Ensure an Overarching LHIN Quality Framework

IHSP 3 Initiative Description | In 2014/15, based on leading practices, the Central West LHIN supported initiatives aimed at improving quality and safety, while building capability and capacity for improvement. The LHIN also incorporated patient/client experience into quality indicators, and developed a collaborative and integrated approach with HSPs to support the further development of quality improvement plans and undertake accreditation processes.

Current Status | The Board of Directors of the Central West LHIN maintained a focus on quality throughout 2014-15. The Quality Committee provided oversight for the development of three system level aims targeted to improve access to mental health and addiction services, system navigation and patient experience. With its focus on Quality, the LHIN's October Governance and Senior Leadership Forum offered provincial perspectives from Health Quality Ontario (HQO), reinforcing the importance of advancing quality through a collaborative localized system level approach. Equally important, Central West HSPs and community partners were provided an opportunity to be engaged in the process by providing valuable feedback on the system level aims.

The Quality Committee also provided guidance for implementation of the Central West LHIN Quality Framework. This Framework provides a foundation for the development and implementation of targeted cross-sector initiatives aligned to the System Level Aims, and is designed to build capacity for improvement of quality and safety.

All funded HSPs in the LHIN have signed Service Accountability Agreements (SAAs) that detail specific performance expectations to be achieved over the term of the agreements. Both hospital corporations, two CHCs and the Central West CCAC completed and submitted Quality Improvement Plans (QIPs) to HQO, and both hospital corporations, the Central West CCAC, 21 of 23 local LTC Homes and 11 of 25 community-based service providers are now accredited. Accreditation is an important process for all LHIN-funded agencies to undertake, identifying areas of excellence and opportunities for improvement.

2.3.2 Optimize Use of Health Care Resources to Foster Better Value

IHSP 3 Initiative Description | Hospitals beds are a valuable and often scarce resource. When people are unnecessarily admitted to hospital or are designated Alternate Level of Care (ALC) while occupying such beds they are, by definition, not receiving the right care in the right place at the right time. Inaccessible resources drive up wait times across the entire health care system, which is why in 2014/15, the Central West LHIN worked to reduce these occurrences. Specifically, the LHIN sought to provide more appropriate care to all residents by supporting expanded community-based services and by seeking improvements in admission, bed use, and discharge processes. Additionally, the LHIN also sought to implement Health System Funding Reform (HSFR) initiatives to support best practice, cost-effective treatment and care.

Current Status | The Central West LHIN has the highest proportion of high-acuity ED visits in the province. In 2014/15, 81% vs. 68% of all ED visits were triaged as high-acuity. The result... 13% of all ED visits and 16% of high-acuity ED visits resulted in an inpatient admission. The LHIN met provincial ED wait time targets, discharging 93% of low-acuity patients within four hours, and 93% of high-acuity patients within eight hours of presenting in the ED.These improvements are largely attributable to the *Pay for Results* program, now in its seventh year, which targets patience experience in the ED.

The number of patients processed through the system without being designated as ALC continued to increase, and the number of patients being discharged with an ALC designation declined. In the Central West LHIN 1,777 patients were designated ALC, while 1,508 ALC-designated patients were discharged. A total of 22,289 ALC days were accumulated in 2014/15. Although the Central West LHIN maintains one of the lowest rates of inpatient capacity lost to ALC, work continues toward reducing ALC designations.

In 2013/14, funding for selected surgeries and diagnostic wait times shifted to a new Quality-Based Procedures (QBP) model in which Health Service Providers (HSPs) are expected to deliver these procedures within funded amounts while maintaining or improving wait times. Since QBP implementation, the LHIN has experienced tremendous improvement in wait times for diagnostic imaging. Over 85% of patients receive computerized tomography (CT) within the provincial access target of 28 days. With respect to magnetic resonance imaging (MRI), the Central West LHIN has moved from rates below 20% in 2010/11, to performance above 80% in 2013/14. More than 90% of cancer surgeries and over 88% of cataract surgeries are consistently performed within provincial access targets.

Opportunities remain. Wait times for hip and knee replacement continue to grow and the number of residents receiving these surgeries within the provincial access target continues to decline.The LHIN has worked with its hospitals to improve performance, but the overwhelming demand for these procedures continues to outstrip the supply.

Health System Funding Reform... In March 2013, the Central West LHIN, working with hospitals, the Central West CCAC and LTC Home partners, launched the Central West Health System Funding Reform (HSFR) Local Partnership to support provincial HSFR goals and objectives: patient-based funding strategies aligned to the needs of the community, with a focus on better quality care and improved outcomes. Over the past two years, the Local Partnership membership has collaborated on implementing HSFR-aligned strategies including QBP allocation/funding and locally lead QBP practice engagement and implementation.

In addition, HSPs in the Central West LHIN have been participating in the MOHLTC provincial applied learning strategy IDEAS - Improving & Driving Excellence Across Sectors - designed to enhance quality improvement and change leadership capacity as a foundational component of its health care system transformation agenda. A pilot project focused on chronic obstructive pulmonary disease (COPD) was completed in 2014/15 and a second, focused on orthopedics, is now underway.

Health Service Provider Performance Monitoring... In 2014/15, the Central West LHIN completed the development of a Service Accountability Agreement (SAA) Dashboard, with the intent to monitor HSP compliance with their respective SAAs for all three sectors (hospital, community, LTC homes). The dashboard presents information on financial status, volume of service delivery, performance indicators, and compliance with action items outlined in the SAAs. Moving forward, the LHIN will continue to monitor these obligations through a Performance Management Framework, currently in development..

Spotlight on Governance

System Level Aims

In 2014/15, the growing popularity of the Central West LHIN's Governance and Leadership Forum was evident. Heading into 2015/16, a planning year for IHSP 4, these events will support governors and leaders to learn more about provincial and local perspectives while, at the same time, enabling the LHIN to receive valuable input to inform future plans.

In October, the LHIN was pleased to welcome Dr. Joshua Tepper, President and CEO of Health Quality Ontario (HQO), as keynote speaker for its Fall Governance-to-Governance & Senior Leadership Forum, with its focus on quality.

"Quality improvement does not exist as an isolated silo or add on. It must be the foundation upon which all activities are built."

Dr. Joshua Tepper

Dr. Tepper's strong messages regarding leadership, partnership and ultimately, cultural change, resonated with the audience. They set the tone for the afternoon, as participants collectively set about discussing proposed system level aims. Targeted to improve access to mental health and addiction services, system navigation and patient experience, these system level aims will build upon and enhance the quality work which is already being carried out by Health Service Providers (HSPs) across the Central West LHIN. Alignment between provincial and local initiatives is essential and, while there remains much work to be done in regard to continued quality improvement at the local level, participants indicated a strong commitment to ongoing collaboration in pursuit of common goals.

Palliative and End-of-Life Care

"At some time, in some way, we will all face the end of life. And most of us share a common hope: that when death comes to us or a loved one, it will be peaceful and free of pain.We hope to face death surrounded by those we love, feeling safe, comfortable and cared for."

Living Lessons®, The GlaxoSmithKline Foundation and
The Canadian Palliative Care Association

With its focus on palliative and end-of-life care, the Central West LHIN is pleased to have hosted over 180 health service professionals, from across the province, at its Winter Governance and Senior Leadership session.

This important session successfully advanced the palliative and end-of-life conversation. It also provided those in attendance with an opportunity to gain further understanding of the joint Pledge, which is a commitment to coordinating care across the Central West LHIN.

Keynote speaker Dr. Denise Marshall, Palliative Care Provincial Lead at Cancer Care Ontario, provided valuable insights into the current state of palliative and end-of-life care provincially, while setting the context for outlining the elements of a joint Pledge and the meaningful group discussions that followed. Participants from across the health care continuum actively engaged in dialogue about how to advance and measure the success of the Pledge.

2.4 Build on the Momentum

IHSP 3 Initiative Description | Throughout 2014/15 the Central West LHIN devoted time, attention and resources to long-standing initiatives that are aligned with provincial directions and priorities.

Aboriginal Health – Members of the Aboriginal community access services through mainstream providers within the Central West LHIN, or travel to Toronto to seek culturally-sensitive services through Anishnawbe Health. To further understand and recognize the importance of cultural competency in relation to Aboriginal health, the Central West LHIN actively took part in a Board/Staff Métis information and training session in 2014/15. In addition, select staff also completed the Indigenous Cultural Competency training program.

During 2014/15 the Central West LHIN partnered with the Métis Nation of Ontario (MNO) Credit River Métis Council and the Mississauga Halton LHIN to hold two successful community engagement activities including the *Métis Medicine Walk* in September, at the Crawford Lake Conservation Area. Thanks to this partnership, four walks (two per day) were made possible free of charge to as many as 50 participants for each walk. It was an excellent opportunity for the MNO Credit River Métis Council to showcase and support their culture and identity with Métis and non-Métis peoples alike. A second event, the *Sisters in Spirit Vigil*, was held in Brampton's Gage Park during the month of October. Sisters In Spirit is a research, education and policy initiative driven and led by Aboriginal women, whose primary goal is to conduct research and raise awareness of violence against Aboriginal women and girls in Canada. The annual October 4th vigil is a day to both honour and reflect on the lives of missing and deceased Aboriginal women and girls.

Diversity and Health Equity - In partnership with the MOHLTC and Regional Diversity Roundtable, the Central West LHIN introduced use of the Health Equity Impact Assessment (HEIA) tool in 2014/15. Funded HSPs are now using the tool to improve program planning for marginalized populations. In addition, the Central West LHIN Health Equity Core Action Group endorsed the use of a cultural competence training module created by SickKids Hospital. Funded by Citizenship Immigration Canada, these modules are being integrated into educational curriculum at acute care hospitals. In 2014/15, acute care hospitals and community sector providers submitted Health Equity Plans, with an expectation that annual progress reports related to plan implementation will follow.

"Bonjour!" - French Language Services Arrive at Supportive Housing in Peel

Working with dedicated local health care providers and community partners, the Central West LHIN is building cultural competency that meets the needs of one of the most culturally diverse populations in the province. When partners from across the LHIN identified a need to increase the number of fluent French-speaking staff, the LHIN worked with them and Reflet Salvéo to address the need.

In 2014/15, LHIN funding enabled Supportive Housing in Peel (SHIP) to recruit new French speaking staff while providing French language training to existing staff through Collège Boréal. As a result, SHIP can now provide French speaking clients with improved access to its programs through the availability of French speaking staff including a community mental health counselor, case manager, addictions specialist, trustee and administrative personnel.

"As an organization, we are now able to provide the Francophone community with access to care in French. We have addressed an immediate need that we can now build upon as the demand for service delivery grows. And, in addition to recruiting French speaking staff, SHIP has empowered staff to grow personally and professionally, improving their French language service capacity so they can communicate more effectively with clients both now and in the future."

Laurie Ridler, CEO, Supportive Housing in Peel (SHIP)

French Language Services – In 2014/15, the LHIN's French Language Services Core Action Group provided a forum for identified French Language Services (FLS) HSPs to engage in the execution of their Yearly Implementation Plans for the development of French language services. Moving forward, there will be specific focus on incorporating a new Self-Reporting Initiative-based FLS report, and expanding FLS initiatives to non-identified FLS HSPs.

Throughout the year, the LHIN continued to work closely and collaboratively with Reflet Salvéo, particularly in areas related to engaging the francophone community, capacity building and service planning. Priorities and actions were identified and outlined in a Joint Annual Action Plan between Reflet Salvéo and the Central West, Mississauga Halton and Toronto Central LHINs. Year-end reporting by each identified for FLS HSP indicated an increase in the number of Francophone residents who requested and were served in French.

2014/15 also saw the development of a collaborative care project between Reflet Salvéo and the Central West LHIN. Known as the *Coalition pour les aînés francophones (CAF)de Peel*, the CAF brings together the collective efforts of le Club du Bel Âge, la Retraite Active et le Cercle des Aînés Noirs Francophones de l'Ontario to help address both current and future service demands for Seniors from a Francophone perspective. Working together as a collaborative makes it easier for Francophone seniors to become better informed about activities and services offered to them in the community. It also helps to improve overall service delivery. The work of the coalition is supported by the Central West and Mississauga Halton LHINs, Reflet Salvéo and Le Cercle de l'amitié, Welfort Community Health Services, Oasis Centre des Femmes, l'Équipe de Santé familiale Credit Valley and le Réseau franco-santé sud de l'Ontario.

Palliative Care Services - It is an important time for palliative care in Ontario. In 2011, the Provincial Government released the "Declaration" document, which outlined the components of an ideal palliative care system. What has since followed is a Provincial Auditor's Review of palliative services across the province, the recommendations of which will act to move the Declaration forward and, at the request of the Ministry of Health and Long-Term Care (MOHLTC), Health Quality Ontario (HQO) conducted an analysis that provides evidence to guide public policy and improve the approach to end-of-life care across the province. In 2014/15, the Central West Palliative Care Network - a localized community for the advancement of hospice palliative care - applied the Declaration to further develop a local palliative care system.

Women and Children's Health - The Central West LHIN continued to work with the Provincial Council for Maternal Child Health (PCMCH) in 2014/15, improving access to care for children with medical complexities. The LHIN also took an active role toward development of the local Special Needs Strategy for Peel and Dufferin aligning with a provincial strategy to improve services for special needs children and youth.

THE PLEDGE

As a founding partner in the development of a joint palliative and end-of-life care ***Pledge***, the Central West LHIN took a leadership role in advancing the palliative and end-of-life conversation in 2014/15. When in place, the *Pledge* will act as a commitment to coordinating care in such a way that the whole will be stronger than the sum of its parts.

CHARACTERISTICS

- Audacious and inspiring
- Concrete measure of achievement
- Specific to Central West region
- System level impact
- Rallies support for a specific cause/purpose

FRAMEWORK

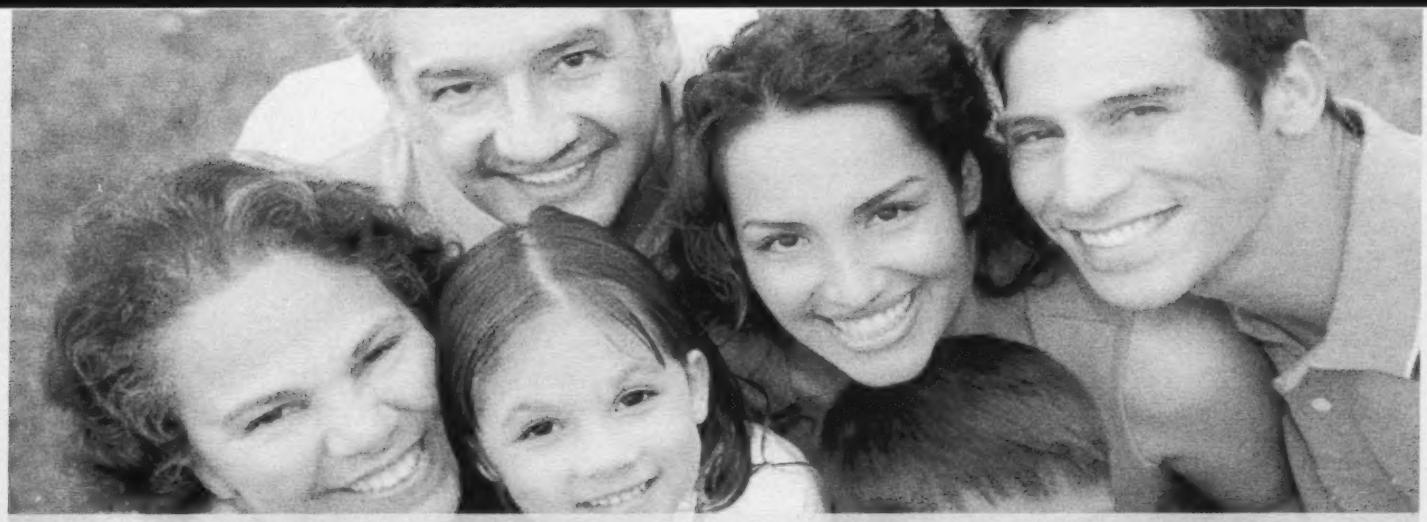
WHAT - A call to action with a clear message for partners involved in palliative care.

WHY - Reasons for tackling the palliative agenda together in Central West, including the extent of today's challenge and the future potential for change.

PRINCIPLES - Guiding tenets of the pledge.

PRINCIPLES

- Care wrapped around patients
- Quality of life
- Respect
- Dignity
- Individual choice
- Comfort
- Compassion

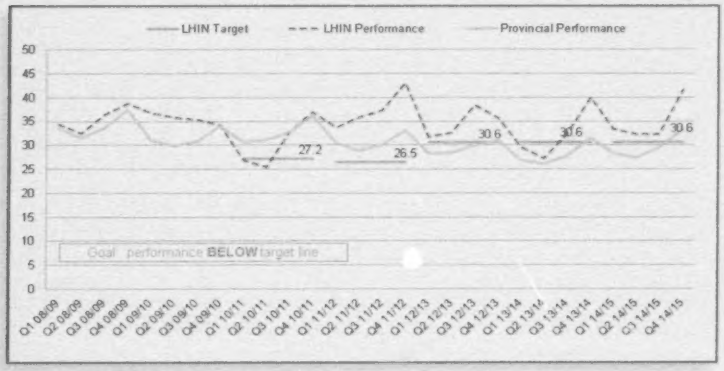


Section 3 | **Performance Indicators**

1 - Access to Health Care Services

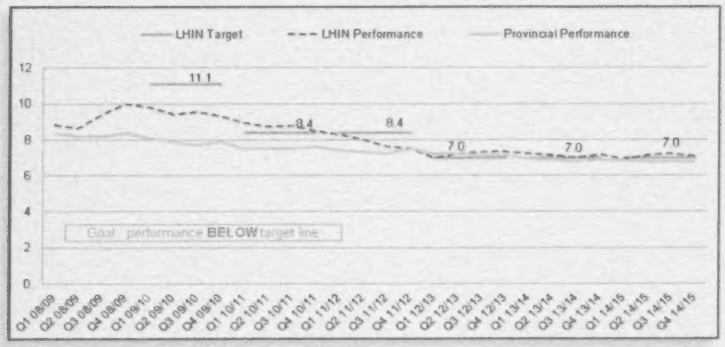
Emergency Department

Emergency Department (ED) indicators measure the length of time from patient arrival at the ED, to patient discharge from the ED. This measure includes wait time as well as diagnosis, treatment and monitoring time.



1. **90th percentile ED length of stay for admitted patients**

This indicator measures how long it takes for hospitals to transfer patients who have completed their treatment in the ED to inpatient beds. Central West LHIN performance in 2014/15 declined by twenty-six minutes from the 2012/13 baseline, missing the target by over four hours;. The Central West LHIN has the lowest proportion of ED visits by population. However, Brampton Civic Hospital consistently experiences both the highest overall volume and the highest proportion of high acuity patients (those most likely to require admission to an inpatient bed) of any ED in theprovince. Fluctuations in performance indicate the LHIN's response to and management of these volumes in the LHIN.



2. **90th Percentile ED length of stay for non-admitted complex (CTAS I-III) patients**

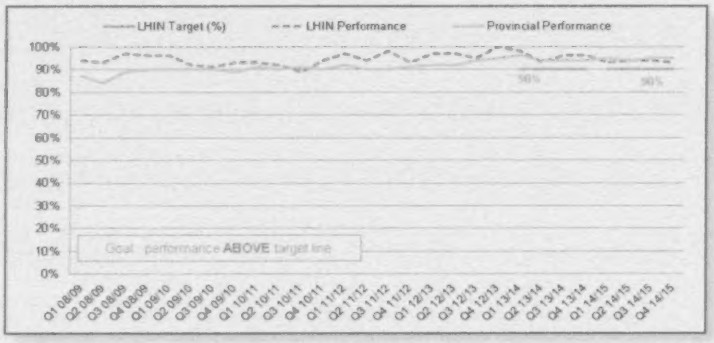
Central West LHIN performance in this measure has improved and stabilized substantially over the last several years. Final performance for 2014/15 was 7.07 hours, shorter than the provincial target (and clinical best practice) of 8 hours.

3. **90th percentile ED length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients**

In 2014/15, length of stay for low acuity patients discharged home from Central West LHIN hospitals was the second shortest of any LHIN in the province. Final performance was 32 minutes better than the overall provincial performance, and 30 minutes better than target. The Central West LHIN has the lowest proportion of low acuity visits in the province, which suggests there has been success in providing care in a more appropriate setting for these patients, such as primary care and urgent care clinics.

Wait Times | Wait time indicators measure the proportion of patients who received their surgical or diagnostic imaging procedures within established provincial access targets, measured in days. Patients waiting for these procedures are placed, by their physician, into one of four categories according to the urgency of their need the procedures. LHIN performance is measured only for patients in the "Priority IV" category; the least urgent of the categories.

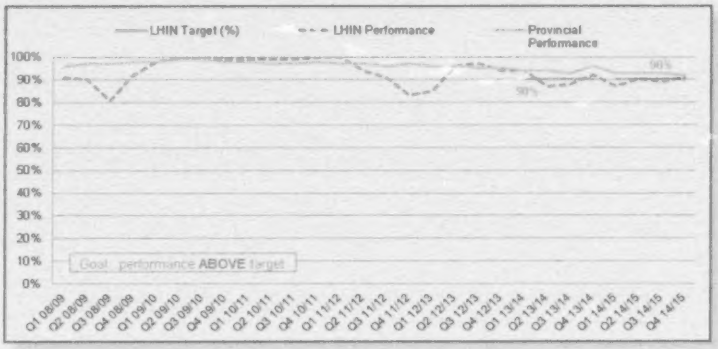
4. **Percent of Priority IV cancer surgeries completed within 84 days**



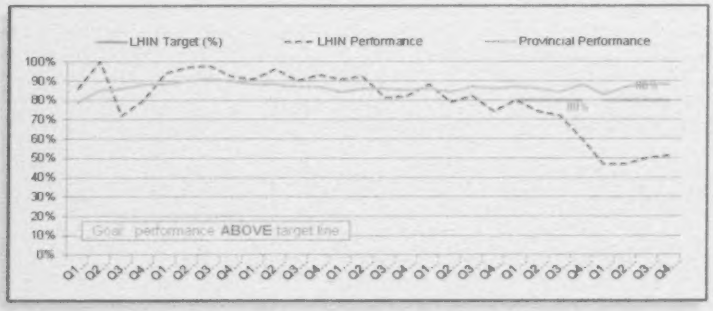
The Central West LHIN consistently meets both LHIN and provincial targets for access to cancer surgeries.

5. **Percent of Priority IV cardiac by-pass surgeries completed within 90 days** - there is no chart for this PI.
No hospitals within the Central West LHIN provide cardiac by-pass procedures, and there is therefore no performance to display.

6. **Percent of Priority IV cataract surgeries completed within 182 days**

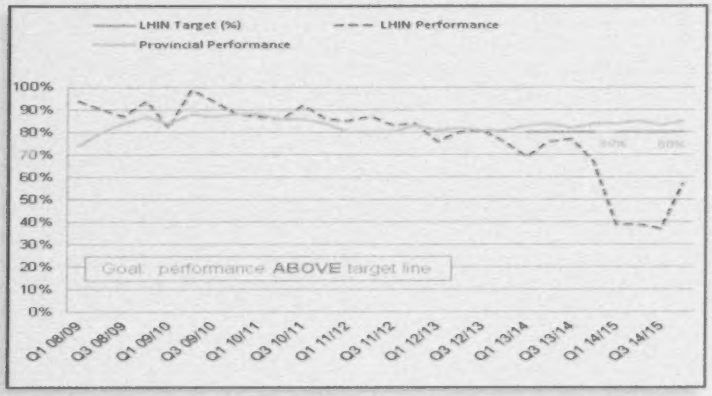


Although the target of 90% was not met, it was missed by only 0.8 percentage points, suggesting that funded volumes are very close to meeting demand for this procedure.



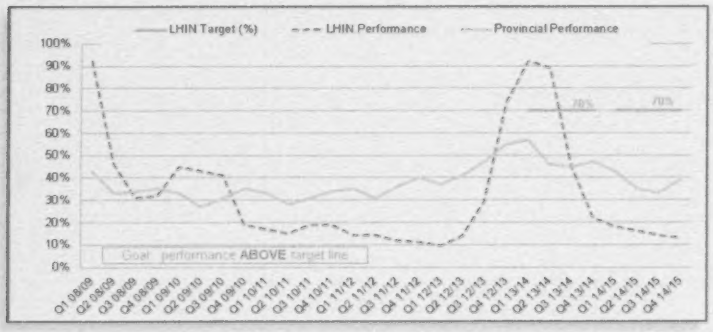
7. **Percent of priority IV hip replacement surgeries completed within 182 days**

Central West LHIN hospitals completed all funded hip replacement surgeries in 2014/15. However, demand continues to exceed supply.



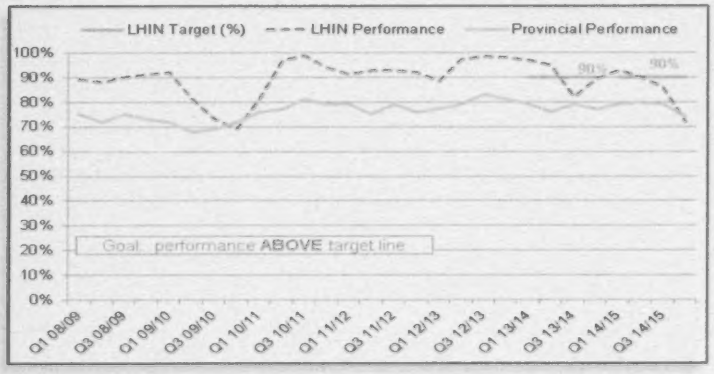
8. **Percent of Priority IV knee replacement surgeries completed within 182 days**

As with hip replacement surgeries, the demand for knee replacement elective surgeries exceeds the allocated volumes.



9. **Percent of priority IV diagnostic MRI scans completed within 28 days**

As with joint replacement surgeries, demand continues to exceed allocated volumes for MRI scans.



10. **Percent of priority IV diagnostic CT scans completed within 28 days**

Although the target of 90% was not met, it was missed by less than 5 percentage points, suggesting that funded volumes are very close to meeting demand for CT scans.

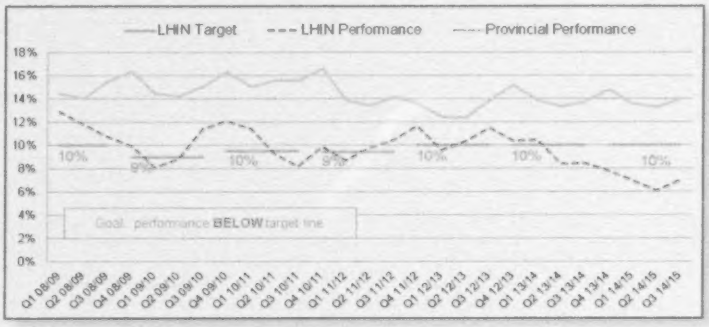
2 - Integration and Coordination of Care

Alternate Level of Care (ALC) refers to those patients who continue to occupy hospital beds after they have completed the course of treatment for which they were admitted and no longer require the care associated with those beds. For a variety of reasons, these patients experience barriers to discharge from hospital.

To enable discharge, Community Care Access Centres (CCAC's) provide a variety of in-home support services in addition to assisting local residents navigate a host of additional community services. LHINs are measured on the time it takes for a resident to receive CCAC support services after having applied for the service. This period includes both the time from application to assessment and from assessment to delivery of services.

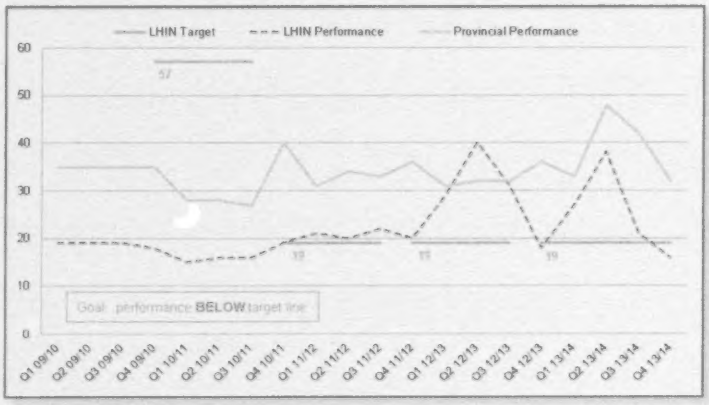
11. **Percentage ALC Days**

This indicator measures how much of the patient's time in hospital was spent waiting for their next appropriate level of care. The Central West LHIN had the best performance of all 14 LHINs during the performance period (January-December 2014), meaning that patients who were discharged from hospitals in the Central West LHIN spent less time waiting for care in their homes, in Long-Term Care or in post-acute beds.The LHIN met its target and performed more than seven percentage points better than the province as a whole.



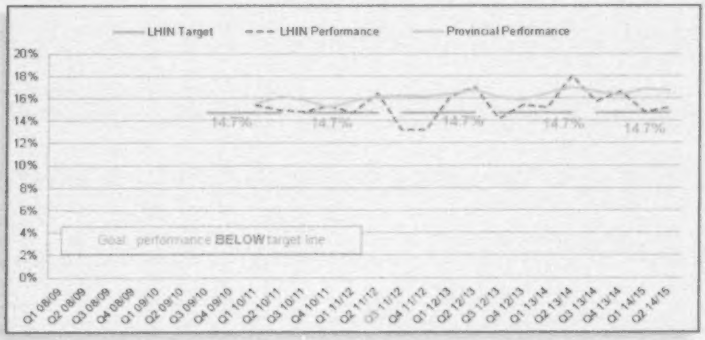
12. **90th percentile wait time for CCAC in-home services – Application from community setting to first CCAC services (excluding case management)**

Central West CCAC performance improved by 12 days in 2014 (January-December) than in 2012, performing better than target by 1 day and 10 days faster than the province as a whole. Growing demand for services continues to provide challenges for the CCAC.



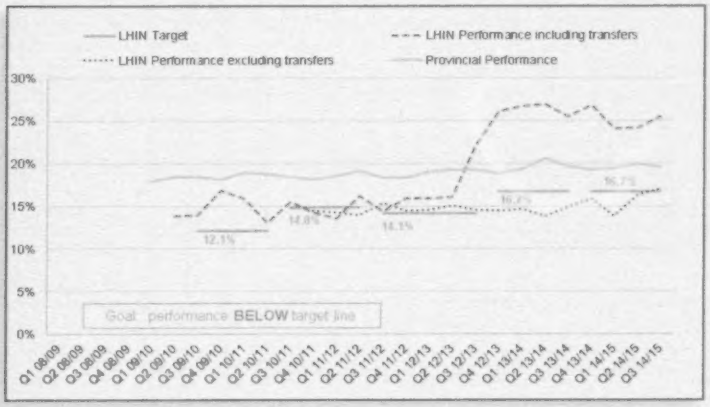
3 - Quality and Improved Health Outcomes

Once patients have been seen at the hospital, either in the ED or as an inpatient, one measure of their access to appropriate care in the community is whether they return to the hospital within a short time. The following three LHIN performance indicators measure how often certain patients return to hospital within 30 days.



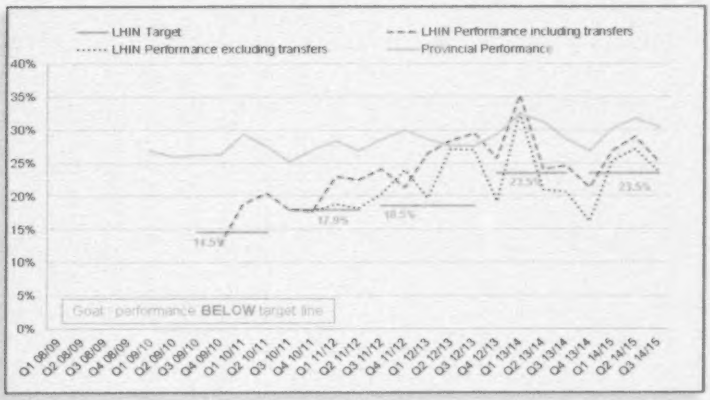
13. **Readmission within 30 days for chronic diseases**

This indicator measures what proportion of patients being treated for chronic disease(s) required subsequent admissions to hospital after an initial hospital stay. This number has increased steadily and was above the LHIN target by less than one percentage point during the performance period (October 2013-September 2014). The two diseases consistently above target for this measure are Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). The Central West LHIN's new regional Telehomecare program targets increasing the support and self-management of chronic diseases in the community, with a particular emphasis on these diseases.



14. **Repeat unscheduled emergency visits within 30 days for mental health conditions**

The Central West LHIN has undertaken an analysis to augment reporting of this indicator. This analysis examines the impact of inter- and intra-hospital transfers on reported performance.



15. **Repeat unscheduled emergency visits within 30 days for substance abuse conditions**

The LHIN has undertaken a similar analysis as noted above. During the performance period (January-December 2014) alcohol accounted for more than 80% percent of repeat visits for substance abuse.

CENTRAL WEST LHIN PERFORMANCE INDICATORS (PIs)

2014/15 ANNUAL REPORT - May 12, 2015 Release

PI No.	Performance Indicator	2014/15 Starting Point	2014/15 Performance Target	Most Recent Quarter 2014/15 Performance	FY 2014/15 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile Emergency Department (ED) length of stay for admitted patients	33.98	30.60	41.63	34.42
2	90th percentile ED length of stay for non-admitted complex (CTAS I-III) patients	7.23	7.00	7.08	7.07
3	90th percentile ED length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.65	4.00	3.5	3.5
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	97.00%	90.00%	93.22%	93.55%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	93.00%	90.00%	91.11%	89.20%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	80.00%	80.00%	50.77%	49.08%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	79.00%	80.00%	56.56%	44.31%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	32.00%	70.00%	13.10%	15.20%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	95.00%	90.00%	71.76%	85.21%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	10.80%	10.00%	6.98%	6.92%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	30.00	19.00	18.00	18.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	14.88%	14.70%	15.14%	15.66%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	17.50%	16.70%	25.53%	25.16%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	26.10%	23.50%	25.25%	25.77%

*FY 2014/15 is based on most recent four quarters of data (Q4 2013/14 - Q3 2014/15) due to availability

**FY 2014/15 is based on most recent four quarters of data (Q3 2013/14 - Q2 2014/15) due to availability

Section 4 | **Engaging LHIN Communities**

The Local Health System Integration Act (LHSIA) is based on a belief that the health needs of local communities are best understood by those who live in them. Hence the ability to effectively understand the needs of our local communities rests with meaningful relationship building and overall stakeholder engagement.

Communication Objectives | During 2014/15 the Central West LHIN conducted communications and community engagement activities with the following objectives in mind:

- Build ongoing support for an integrated, sustainable local health care system that ensures better health, better care and better value.
- Encourage both individuals and organizations to engage actively in the planning and development of the local health system, and to share in the benefits / success of health system transformation.
- Provide information on performance and progress regarding implementation; document and disseminate successes.
- Raise awareness of the Central West LHIN's role, its unique characteristics, value proposition and importance within the health care system.
- Educate and build awareness among HSPs regarding shared accountability for health system transformation and the alignment of their respective /initiatives with IHSP 3.
- Continue to build strong, trusted relationships with HSP communications teams across the Central West LHIN, working together to optimize communication resources and coordinated services.
- Ensure stakeholders understand their role to identify new opportunities for the appropriate, coordinated, effective and efficient integration of services.
- Continue to build strong relationships with elected officials, community leaders and leaders of health care organizations, with the goal of increasing community satisfaction with local health care services.
- Foster an understanding of the need for continued health system transformation.
- Provide accurate and timely information to all audiences regarding the progress of LHIN activities and be transparent and accountable with respect to timelines, outcomes and opportunities for participation/feedback.

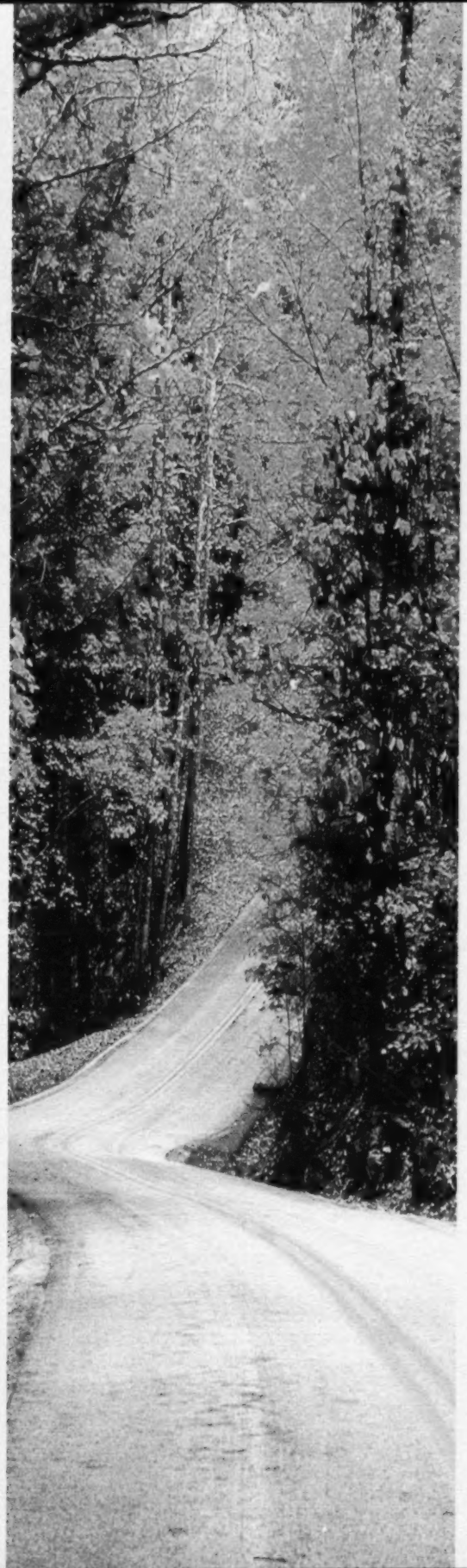
Current Status | Throughout 2014/15, the Central West LHIN continued to place an emphasis on the strong, meaningful relationships it has developed with residents, Health Service Providers, community partners and those agencies not funded by the LHIN but whose activities contribute to the overall design and integration of their local health care system.

The Central West LHIN executed its communications and community engagement activities through use of a variety of tools/tactics including…

News Releases	As required, to highlight/promote Central West LHIN activities/events.
eNewsletter – "Working Together for Healthy Change"	Monthly electronic periodicals providing updates on local LHIN activities, issued to a general stakeholder audience.
Mid-year Community Update	Year-to-date progress report to the community, highlighting progress made in regard to IHSP3 and ABP deliverables.
MPP Meetings	Quarterly face-to-face updates and information sharing sessions.
Governance and Senior Leadership Forum	3 sessions held in 2014/15. - Mental Health and Addictions - Quality : System Level Aims - Palliative and End-of-Life Care
Regional, Municipal, Civic Council Meetings	Contingent on schedule availability.
Annual Business Plan	Published annually.
Annual Report	Published annually for the year previous.
Board Materials	Posted to Central West LHIN Website ahead of and following monthly Board meetings.

In 2013/14, LHIN continued to participate in the Provincial Aboriginal Leads Network to ensure that LHINs are working in collaboration in an effort to integrate and improve local health initiatives for indigenous communities across the province.

The Central West LHIN also continued to work closely with "Reflet Salvéo", the entity for French language services, to improve access to, and integration of, French language health care services in the communities within the Central West LHIN. Please refer to Section 2.4 of this Annual Report for more information on LHIN activities related to both indigenous and French speaking communities.



The Road Ahead...

IHSP 4

As 2014/15 drew to a close, the Central West LHIN turned a corner on the third and final year of its current Integrated Health Service Plan - IHSP 3. In 2015/16, the LHIN will continue to support the strategic directions and their associated initiatives contained in IHSP 3, while setting its sights on the road ahead... development of IHSP 4, the Central West LHIN's strategic plan for the period 2017-2020.

The Central West LHIN operates from a simple yet profound premise, that the health care needs of local communities are best understood by those who live and work in them. It follows that when it comes to integrating, funding, monitoring and notably planning the local health care system, we do not do it alone. In collaboration and consultation with Health Service Providers, community partners and local residents the LHIN will seek to ensure alignment of IHSP 4 with Ontario's Action Plan for Health Care – *Patient's First,* building a more accessible and integrated local health care system that is responsive to their needs and priorities while simultaneously delivering better value for money.

During this process the LHIN will be purposeful about engaging stakeholders from across the entire LHIN area. It will listen and learn from the many perspectives of individuals and organizations, incorporating their feedback and input in such a manner as to:

Access Improve access – providing faster access to the right care.

Connect Connect services – delivering better coordinated and integrated care in the community, closer to home.

Inform Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.

Protect Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come.

Putting patients first is a shared responsibility. Together, we have come a long way. Now it is time to continue down the road to healthy change. It is time to collectively change culture and practices to improve the local health care system for everyone.

Together, we will continue to make healthy change happen!

Financial statements of

Central West Local Health Integration Network

March 31, 2015

Central West Local Health Integration Network

March 31, 2015

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Deloitte.

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Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the accompanying financial statements of Central West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2015, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Central West Local Health Integration network as at March 31, 2015 and the results of its operations, changes in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 28, 2015

Central West Local Health Integration Network

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Financial assets		
Cash	**706,145**	545,357
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSP")	**6,781,259**	2,807,196
Due from other LHINs - Enabling Technologies for Integration (Note 3b)	**89,518**	230,414
Other	**78,356**	89,027
	7,655,278	3,671,994
Liabilities		
Accounts payable and accrued liabilities	**671,920**	496,537
Due to MOHLTC (Note 3c)	**214,830**	412,446
Due to HSP	**6,781,259**	2,807,196
Due to the LHIN Shared Services Office (Note 4)	**1,426**	958
Deferred capital contributions (Note 5)	**38,348**	60,909
	7,707,783	3,778,046
Net debt	**(52,505)**	(106,052)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**14,157**	45,143
Tangible capital assets (Note 7)	**38,348**	60,909
	52,505	106,052
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of operations
year ended March 31, 2015

	Budget (Note 8)	2015 Actual	2014 Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9)	836,265,858	870,843,813	844,700,998
Operations of LHIN	4,181,828	4,130,791	4,172,928
Project Initiatives			
Enabling Technologies for Integration Project Management Office	-	3,060,000	3,416,000
French Language Services	106,000	106,000	106,000
ER/ALC Performance Lead	-	100,000	100,000
Emergency Department Lead	-	72,766	75,000
Aboriginal Health	7,500	7,500	7,500
Primary Care Lead	-	73,031	75,000
Critical Care Lead	-	72,750	75,000
Diabetes Regional Coordination	856,301	781,301	568,728
Physiotherapy Planning Funds	-	-	27,344
Amortization of deferred capital contributions (Note 5)	-	73,598	56,585
	841,417,487	879,321,550	853,381,083
eHealth-Enabling Technologies for Integration allocated to LHIN's (Note 3b)	-	(2,189,367)	(2,788,185)
Funding repayable to the MOHLTC (Note 3a)	-	(214,830)	(412,446)
	841,417,487	876,917,353	850,180,452
Expenses			
Transfer payments to HSPs (Note 9)	836,265,858	870,843,813	844,700,998
General and administrative (Note 11)	4,181,828	4,157,711	4,159,057
Project Initiative (Note 10)			
Enabling Technologies for Integration Project Management Office	-	759,535	357,262
French Language Services	106,000	104,870	78,367
ER/ALC Performance Lead	-	100,000	100,000
Emergency Department Lead	-	72,016	72,367
Aboriginal Health	7,500	6,610	1,718
Primary Care Lead	-	72,281	72,295
Critical Care Lead	-	72,000	72,000
Diabetes Regional Coordination	856,301	728,517	544,750
Physiotherapy Planning Funds	-	-	21,638
	841,417,487	876,917,353	850,180,452
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2015

	2015	2014
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	**(51,037)**	(8,899)
Amortization of tangible capital assets	**73,598**	56,585
Change in other non-financial assets	**30,986**	(32,786)
Decrease in net debt	**53,547**	14,900
Net debt, beginning of year	**(106,052)**	(120,952)
Net debt, end of year	**(52,505)**	(106,052)

The accompanying notes to the financial statements are an integral part of these financial statements.

Central West Local Health Integration Network

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	(73,598)	(56,585)
Amortization of deferred capital contributions (Note 5)	73,598	56,585
Changes in non-cash operating items		
Accounts receivable - MOHLTC	(3,974,063)	2,118,812
Due to the MOHLTC	(197,616)	(112,276)
Due to HSP's	3,974,063	(2,118,812)
Due from other LHINs	140,896	(16,063)
Accounts receivable - other	10,671	27,993
Prepaid expenses	30,986	(32,786)
Accounts payable	175,383	(22,373)
Due to the LHIN Shared Services Office	468	(12,318)
	160,788	(167,823)
Capital transaction		
Acquisition of capital assets	51,037	8,899
Financing transaction		
Deferred capital contributions (Note 5)	(51,037)	(8,899)
Net increase (decrease)in cash	160,788	(167,823)
Cash, beginning of year	545,357	713,180
Cash, end of year	706,145	545,357

The accompanying notes to the financial statements are an integral part of these financial statements.

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Services Providers ("HSP"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2015.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Funding payments to HSPs in the LHIN geographic area flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2015.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimate and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

2. Significant accounting policies (continued)

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLPA and TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2015 Excess funding	2014 Excess funding
	$	$	$	$
Transfer Payments to HSP's	870,843,813	870,843,813	-	-
LHIN Operations (Note 11)	4,204,389	4,157,711	46,678	70,456
Capital contribution (Note 11)	51,037	51,037	-	-
eHealth - Enabling Technologies for Integration (Note 10)	3,060,000	2,948,902	111,098	270,553
French Language Services (Note 10)	106,000	104,870	1,130	27,633
ER/ALC Performance Lead (Note 10)	100,000	100,000	-	-
Emergency Department Lead (Note 10)	72,766	72,016	750	2,633
Aboriginal Health (Note 10)	7,500	6,610	890	5,782
Primary Care Lead (Note 10)	73,031	72,281	750	2,705
Critical Care Lead (Note 10)	72,750	72,000	750	3,000
Diabetes Regional Co-ordination (Note 10)	781,301	728,517	52,784	23,978
Physiotherapy Planning Funds (Note 10)	-	-	-	5,706
	879,372,587	879,157,757	214,830	412,446

b) Enabling Technologies for Integration Project Management Office

Effective April 1, 2013, the LHIN entered into an agreement with Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The Central West LHIN is designated the Lead LHIN within this agreement and as such holds the accountability over the distribution of the funds and manages the shared Project Management Office. In the event that the Cluster experiences a surplus the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2015 was $3,060,000 (2014 - $3,416,000).

Funding of $2,278,885 (2014 - $3,018,599) was allocated to other LHIN's within the cluster who incurred eligible expenses of $2,189,367 (2014 - $2,788,185). A summary of eHealth Enabling Technologies for Integration Funding and expenses for the cluster are as follows:

3. Funding repayable to the MOHLTC and eHealth Ontario (continued)

b) eHealth - Enabling Technologies for Integration (continued)

The surplus from other LHINs is as follows:

	Funding allocated	Eligible expenses	2015 Excess funding	2014 Excess funding
	$	$	$	$
Central West LHIN	**781,115**	**759,535**	**21,580**	40,139
Allocation to Other LHIN's				
Central LHIN	**406,000**	**389,118**	**16,882**	1,884
Central East LHIN	**644,000**	**619,000**	**25,000**	172,237
Toronto Central LHIN	**510,000**	**510,000**	**-**	-
Mississauga Halton LHIN	**312,885**	**265,249**	**47,636**	56,293
North Simcoe Muskoka LHIN	**406,000**	**406,000**	**-**	-
Total Other LHINs	**2,278,885**	**2,189,367**	**89,518**	230,414
Total All LHINs	**3,060,000**	**2,948,902**	**111,098**	270,553

c) The amount due to the MOHLTC at March 31 is made up as follows:

	2015	2014
	$	$
Due to MOHLTC, beginning of year	**412,446**	524,722
Funding repaid to MOHLTC prior year	**(412,446)**	(524,722)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**214,830**	412,446
Due to MOHLTC, end of year	**214,830**	412,446

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2015	2014
	$	$
Balance, beginning of year	**60,909**	108,595
Capital contributions received during the year	**51,037**	8,899
Amortization for the year	**(73,598)**	(56,585)
Balance, end of year	**38,348**	60,909

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment ending in 2017. Lease renewals are likely. Minimum lease payments due in each of the next two years are as follows:

	$
2016	242,191
2017	246,518

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2015. Minimum funding for HSPs related to the next two years, based on the fiscal 2015 accountability agreements, and are as follows:

	$
2016	844,764,722
2017	844,764,722

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
	$	$	$	$
Office furniture and fixtures	284,229	284,229	-	9,418
Computer equipment	111,214	77,189	34,025	8,583
Leasehold improvements	712,468	708,145	4,323	42,908
	1,107,911	1,069,563	38,348	60,909

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the final budget at April 30, 2014. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $871,061,225 is made up of the following:

	$
Initial HSP funding budget	836,265,858
Adjustment due to announcements made during the year	34,795,367
Total HSP funding budget	871,061,225

8. Budget figures (continued)

The total operating budget, excluding HSP funding, is made up of the following:

	$
Initial budget	
LHIN Operations	4,181,828
Aboriginal Funding	7,500
French Language Services	106,000
Diabetes Regional Co-ordination	856,301
In Year Surplus returned to MOHLTC	(75,000)
Adjustment due to announcements made during the year	
ER/ALC Performance Lead	100,000
ED LHIN Lead	75,000
Critical Care Lead	75,000
eHealth - Enabling Technologies for Integration	3,060,000
In Year Surplus returned to MOHLTC	(6,453)
Primary Care Lead	75,000
Amount treated as capital contributions made during the year	73,598
Total budget	8,528,774

9. Transfer payments to HSPs

The LHIN approved transfer payments to the various sectors in 2015 as follows:

	2015	2014
	$	$
Operation of Hospitals	**534,196,463**	525,342,510
Grants to compensate for Municipal Taxation - Public Hospitals	**96,975**	96,975
Long-Term Care Homes	**154,298,662**	150,094,501
Community Care Access Centres	**111,366,340**	104,175,929
Community Support Services	**13,956,703**	12,383,568
Assisted Living Services in Supportive Housing	**9,852,612**	8,182,096
Community Health Centres	**12,349,275**	12,099,866
Community Mental Health Addictions Program	**34,726,783**	32,325,553
	870,843,813	844,700,998

10. Project Initiatives

The Central West LHIN received funds for various project initiatives listed in the Statement of Operations. The following table classifies the project initiative expenses by object:

	2015	2014
	$	$
Salaries and benefits	1,356,470	812,396
Professional services	366,008	409,668
Shared services	94,468	10,150
Occupancy	36,364	35,959
Public relations and community engagement	36,988	23,932
Supplies	9,832	6,328
Other	17,709	21,963
	1,916,829	1,320,396

Diabetes strategy operational expenses included in the project fund expenses above are as follows:

	Actual 2015	Actual 2014
	$	$
Salaries and benefits	590,443	462,494
Others	138,074	82,256
	728,517	544,750

Enabling Technologies for Integration Project Management Office expenses included above include both project management office and Central West LHIN expenses as follows:

Project Management Office expenses are as follows:

	Actual 2015	Actual 2014 *
	$	$
Salaries and benefits	478,371	-
Others	66,862	-
	545,233	-

* Prior Year PMO costs where distributed to the contributing LHIN's

Central West LHIN e-Health Enabling Technologies project expenses are as follows:

	Actual 2015	Actual 2014
	$	$
Salaries and benefits	148,104	223,988
Others	66,198	133,274
	214,302	357,262
Total E-health Enabling Technologies expenses for the Central West LHIN	759,535	357,262

11. General and administrative expenses

The statement of operations presents expenses by function. The following classifies these same expenses by object:

	2015	2014
	$	$
Salaries and benefits	2,908,190	2,703,485
Occupancy	234,811	239,782
Amortization	73,598	56,585
Shared services	328,153	434,607
LHIN Collaborative	39,018	47,500
Consulting services	75,143	171,375
Professional Fees	25,716	26,286
Supplies	119,509	66,829
Board Chair remuneration	48,300	66,850
Board member remuneration	57,600	67,225
Board expenses	50,353	59,014
Mail, courier and telecommunications	41,032	65,222
Other	156,288	154,297
	4,157,711	4,159,057

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2015 was $341,754 (2014 - $306,497) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2014. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Comparative figures

Certain comparative numbers have been reclassified to conform to the current year presentation.

Central West **LHIN**

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